

### **Consent to Obtain Medication History**

I authorize **Superior T** to obtain my medication history from the electronic medical records/ electronic prescription service. This information will be used by the providers of Superior T for the sole purpose of keeping a current accurate listing of medications.

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Patient Signature

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Date

### **Consent to Have Blood Drawn for Treatment/Testing**

I hereby consent to the drawing of a blood sample for the purpose of measuring my Total Testosterone, Prostate-Specific Antigen (PSA), Sex Hormone-Binding Globulin (SHBG), Thyroid-Stimulating Hormone (TSH), Follicle-Stimulating Hormone (FSH), Luteinizing (LH), Prolactin, Complete Metabolic Panel (CMP), Complete Blood Count (CBC), and Lipid Panel (TC, HDL, LDL, TC/HDL Ratio), triglycerides, and glucose level(s) along with obtaining Platelet Rich Plasma (PRP) for procedures. I have had the opportunity to read and consider the **Superior T** Privacy Practices Notice to my satisfaction prior to consent. I also consent that my blood draw can undergo additional laboratory testing if the healthcare provider determines that it is in the best interest of my treatment.

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Patient Signature

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Date